SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date Start Meceivery 0 1 2012

Rafund.	Amount Paid:	Date:	Permit #:
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INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

HOW DO I FILL OUT ICATION (visit our website org/zoning/asp) Bayfield Co. Zoning Dapt.

				Municipal Use				Commercial Use				Residential Use			Proposed Use	Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:						\$ 7 000 TA	N	Value at Time of Completion * include donated time & material	WNon-Shoreland	Ų	Sharaland 5	Section 2 1		15 W JS	PROJECT Leg	N/M	Authorized Agent: (Person S	Contractor: M/H.	1	Address of Property:	Owaer's Name:	TYPE OF PERMIT REQUESTED _ \Box\ \text{\tint{\text{\tinit}\text{\tex{\tex
4	_			×,		-									□ \$	permit being			Property	Run a Business on	Conversion	Addition/Alteration	New Construction	Project (What are you applying for)		s Property/I	s Property/I ek or Landy	Township	1/4	7.	Legal Description:	,	igning Applica	- SC)	Maple 1-	tree	†	STED—
Other: four	Conditiona	Special Use: (explain)	Accessory	Accessory Building	Addition//	Mobile Ho	Bunkhous				!			Residence	Principal S	applied for			:	string bing)	-	teration	uction	dying for)		and within	Land within ward side of	N C	5	Gov't Lot			(Person Signing Application on behalf of Owner(s))	$\bar{\overline{\varphi}}$	HILRD	MAN		LAND USE
dain	Conditional Use: (explain)	e: (explain)	⋗	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure Principal Structure (first structure on property)	is relevant to it)			☐ Foundation	□ No Rasement	- 1		- 1' '	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	N, Range	<u> </u>	ot Lot(s)	(Use Tax Statement)				î		10	USE SANI
		www.french.morflich.ch.ch.ch.friiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	on/Alterati	ity) faim		ed date)	<u>or</u> □ sleep	Garage	~		ch			ing shack,	Propos tructure or	Length:				7			-			, Pond or Flowage If yescontinue	Stream (incl	₩		CSM	PIN: (23 digits) 04- っぷる		Agent Phone:	Contractor Phone:	Wasl	17015 W	Mailing Address	SANITARY PRIVY
			ion (specify	1			ing quarters,							etc.)	Proposed Structure	th: 24						A Year Round	Seasonal	Úse		owage	stream (incl. Intermittent) If yescontinue	Mas	Town of:	Vol & Page	7				ashburn	-		
***************************************				ImphoneNt S		1 1		-							re	fect.			-	None			- 1	# of bedrooms		Distance Structure is from Shoreline :fee	Distance Structure	showing	•		573640		Agent Mailing Address (include City/State/Zip):	Plumber	J WIS	mark HIRA W	City/	CONDITIONAL USE SPECIAL USE
				Shel			cooking & food prep facilities)									Width:	100100	X None		Portable (Daille I		□ Munici			cture is from				<u>B</u>	0000000		dress (include		54891	Washburp	City/State/Zip:	HIS APPLICATION
							cilities)									36			Compost Toilet	Portable (w/service con	- 1 -	(New) Sanitary	Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Shoreline	is from Shoreline : fee			•		 	City/State/		•	TMIN	.	SPECIAL
^		((774	^			(^					Din	fex+				ice cont	Specify	Specify Type:	1	What Type of wer/Sanitary Syste is on the property?		feet			Lot Size	Subdivision:	Volume 1	.]	Zip):			7	8	୍ ହୁ
×	×	×	×	× %	×	×	×	×	×	×	×	×	×	×	mensions X				,	e contract)	/ Type:	Type:	1	of System Serty?		□ Yes ÆNo	ls Property in Floodplain Zone?				SUMent					891	1	B.O.A.
_	_	_	_	_	_	_	_)	_	_	_	_	-	_	- s	Height:				700 gall						lo es	erty in n Zone?		Acrea		Page(s)	□ Yes	Written	Plumber Phone:		Cell Pho	Telepho	Viteriacoa
				498											Square Footage	7 12-					MOX.	_լ՝	City	Water		₽No	Are Wetlands Present?	940	ge .		Volume 784 Page(s) 76		Written Authorization	Phone:	,	Cell Phone: N/A	Telephone: 7 /5~373 ~568/	B.O.A. OTHER

Rec'd for Issuandbyou are signing on behalf of the owner(s) a letter of authorization must accompany this application) Authorized Agent:

above described projectly at surgessonable time for the purpose or inspection.

Owner(s):

Owner(s):

Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described professionable time for the purpose of inspection.

Date

Date

4/30/12

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Hold For Sanitary: Hold For TBA:	Attached Position Committees (Bridge (RESA) Bridge Prints of BE Date of Inspection: & 14-12	Case #: arcel Legally Created	IS Parcel a Sub-Standard Lot Q Yes (Deed of Record) Is Parcel in Common Ownership E-Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Q Yes Yes	Issuance Information (County Use Only) Permit Denied (Date): Permit # 1 2.1/127	(9) Stake or Mark Proposed Location NOTICE: All Land Use Permi For The Construction Of New One & The local To	Prior to the placement or construction of a structure more than ten (10) fee one previously surveyed corner to the other previously surveyed corner to marked by a licensed surveyor at the owner's expense.	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required other presidents.	Setback from the West Lot Line Setback from the East Lot Line	Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the South Lot Line	Description Setback from the Centerline of Plateal Band	(8) Setbacks: (measured to the closest point)	The New PERMEN A WHERMAN			(2) Show / Indicate: North (3) Show Location of (*): (*) Dr (4) Show: All Exi (5) Show: (*) W. (6) Show any (*): (*) Lal (7) Show any (*): (*) W.
Hold For Affidavit:	^{ned?} □ Yes :□ No -(If <u>No</u> they need to be attached.)	Dected by: ADD	Were Property Li	us Lot(s) Kno	Sanitary Number: # of Reason for Denial: Permit Date:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	wner's expense. et but less than thirty (30) feet from the minimum required setback, the verifiable by the Department by use of a corrected compass from a kno	Feet Setback to Well Feet Feet From which the esthack the boundary line from which the esthack the line from	Feet Setback from Wetland Feet Setback from 20% Slope Feet Elevation of Floodplain			point)		Aprix 270'		North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:		をひれませる(Zoning District (大人) Lakes Classification () Date of Re-Inspection:	(B.O.A.) Case nted by Owner perfy Surveyed	□ Yes KNo Affidavit Required □ Yes KNo Affidavit Attached □ Yes KNo	of bedrooms: Sanitary Date:	ield (DF), Holding Tank (HT), Privy (P), and Well (W). nstruction or Use has not begun. d To Enforce The Uniform Dwelling Code. require permits.,	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from marked by a licensed surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be made by a licensed surveyor at the owner's expense.		ind Fee	Ake (ordinary high-water mark) Fewer, Stream, Creek Fewer, Stream, Creek Fewer	Description Measurement	Changes in plans must be approved by the Planning & Zoning De			Show A grax 270	») Holding Tank (HT) and/or (*) Privy (P)